

AUTHORIZATION TO RELEASE INFORMATION FORM

I hereby give my permission to the Kansas Department for Children and Families to release the information I have provided in the gray shaded box below to the following person(s) for whom I have requested a search:

_____	_____
Their name, (if known or as last known)	Their relationship to you
_____	_____
Their name, (if known or as last known)	Their relationship to you
_____	_____
Their name, (if known or as last known)	Their relationship to you

The information in the gray shaded box below is the information our agency will provide to the person(s) you requested to be located. You must put information in the gray shaded box below. ****Please Note: In the event you do not wish to release your identifying information (name, address, email address and/or telephone numbers), do not provide this information in the box.**

Your current name:	Your telephone number:
Your Address:	Your cell phone number:
Your email address:	
Your City, State, Zip	
Information I wish to share to the person I requested to be located:	

(You must sign your name)
Signature of Person Authorizing Release of Identifying Information

(You must sign your name in front of)
ACKNOWLEDGMENT BEFORE NOTARIAL OFFICER

State of _____) (County) of _____)

Signed or attested before me on this ____ day of _____, 20____ by _____
(Person authorizing release of above info)

Signature of Notary

Title

(Seal) My appointment Expires: _____

Return to: Prevention and Protection Services
Docking State Office Bldg., 5th Floor
915 SW Harrison Street
Topeka, KS 66612
(785) 296-4653

PPS 0350
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